

DECLARATION UNDER IDAHO CODE § 72-212(5)

THE VALIDITY OF THIS DECLARATION IS SUBJECT TO THE REQUIREMENTS OF IDAHO CODE § 72-212(5).

To be completed by employee. Please type or print.		EMPLOYEE	
Employee Name: _____			
Mailing Address: _____			
Street Address or Post Office Box		City	State Zip Code
Physical Address: _____			
Street Address		City	State Zip Code
Telephone Number: _____		Social Security Number: _____	
Relationship to Employer: _____			

To be completed by employer. Please type or print.		EMPLOYER	
Name of Sole Proprietor Employer: _____			
Business Name, If Any: _____			
Federal Employer ID #: _____		Telephone #: _____	
Physical Location of Business: _____			
Street		City	State Zip Code
Mailing Address of Business: _____			
Street or Post Office Box		City	State Zip Code
Home Address of Employer: _____			
Street		City	State Zip Code
Employer Information Provided By: _____			
Please type or print name			
If employer has a workers' compensation insurance policy, complete the following:			
Insurance Company: _____			
Policy #: _____		Eff. Date: _____	

CHECK ONE OF THE FOLLOWING:

- ☐ *I hereby exclude myself from coverage under the Idaho Workers' Compensation Law and understand that I am not eligible for workers' compensation insurance benefits until this declaration is revoked.*
- ☐ *I hereby revoke the election of exemption previously filed with the Industrial Commission.*

By my signature I certify that the foregoing is true and correct, to the best of my knowledge.

Signature of Employee: _____ Date: _____

Signature of Employer: _____ Date: _____